

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007262

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 1231

VS 300
Rev. 4/59

1 0499

2 8050

3 2

4 0

5 1

6

7 0

8 2

9 464X

10

11

12 3-0

13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE COLO. b. COUNTY DENVER	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Length of stay in 1b 4 Days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. JOHN'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 7225 W. 28th. Ave.	
3. NAME OF DECEASED (Type or print) First MERRIT Middle SAMUEL Last COLLINGS		4. DATE OF DEATH Month FEBRUARY Day 26 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-25-93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 70
11. BIRTHPLACE (City and state or country) McDonald Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GEORGE W. COLLINGS		13b. MOTHER'S MAIDEN NAME SARAH ELLEN CLAPPER	
14. NAME OF HUSBAND OR WIFE ORA ANN COLLINGS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	
16. SOCIAL SECURITY NO. 7285 W. 28th Ave		17. INFORMANT Ora Ann Collings Denver, Colo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus DUE TO (b) Pulmonary Thrombophlebitis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) A.S.H.D.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 2-22-63 to 2-26-63 and last saw her alive on 2-26-63 Death occurred at 4:00P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. S. Davis M.D.		22b. ADDRESS Joplin Mo	
22c. DATE SIGNED 2-28-63		22d. LOCATION (City, town, or county) Denver, Colo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-1-1963	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	
24. FUNERAL DIRECTOR W. Marvin Rogers		25. DATE RECD. BY LOCAL REG. 3-1-1963	
26. REGISTRAR'S SIGNATURE Dorothy Merriam		27. DATE 3-1-1963	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 11 1963

DENVER COLO.

DENVER

X

DENVER

4 Days

JOHN

X

3225 W. 88th Ave.

214-18-9229

1953

FEBRUARY 28

COLLINGS

JOHN

EMERIT

70

3-22-53

WHITE

WHITE

USA

McDonald Co. Mo.

Refined

School Teacher

214-18-9229 ORA ANN COLLINGS
3225 W. 88th Ave
DENVER, Colo.

GEORGE W. COLLINGS

Yes World War I

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm Morris Payne

Licensed Embalmer No. 3442

P. O. Address Wheaton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

3-1-1963

Revoked